

Registration District No. 47

Primary Registration District No. 4027

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Main St. Adrian
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community
years, months or days

3. (a) PRINT FULL NAME

Burley Byron Kentz

3. (b) If veteran,

name war

3. (c) Social Security

No. 740

4. Sex

M

5. Color or race

W

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Bale Kentz

6. (c) Age of husband or wife if

alive 50 years

7. Birth date of deceased

July (Month)

27 (Day)

1882 (Year)

8. AGE:

Years

Months

Days

If less than one day

58

5

25

hr.

min.

9. Birthplace

Bates County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Hardware Dealer

11. Industry or business

12. Name Henry Kentz

13. Birthplace Elkhart Co. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Hannah
(City, town, or county) (State or foreign country)

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Gross

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levent Hill Cem.

18. (a) Signature of funeral director Levent Hill Cem.

(b) Address Adrian Mo.

19. (a) Feb 1 - 41 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1941 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 22
1941, to Jan 22, 1941;
that I last saw him alive on Jan 22, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac thrombosis
symptomatic

Due to no autopsy

Due to 94 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

50

While at work (Specify type of place)

(b) Means of injury

23. Signature E. E. Robinson (M. D. or other) N

Address Adrian, Mo. Date signed 1-22-41

RECEIVED

District Health Officer No. 7,

District File Number 2-41-191

Date Filed 2-4-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Fred I. Greath # 3843....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.